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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/698,934	11/03/2003	Ikuo Takahashi	032044	5043
38834	7590	02/12/2008	EXAMINER	
WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP			NUTTER, NATHAN M	
1250 CONNECTICUT AVENUE, NW			ART UNIT	PAPER NUMBER
SUITE 700			1796	
WASHINGTON, DC 20036				
MAIL DATE		DELIVERY MODE		
02/12/2008		PAPER		

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

<i>Supplemental Notice of Allowability</i>	Application No. 10/698,934 Examiner Nathan M. Nutter	Applicant(s) TAKAHASHI ET AL. Art Unit 1796
<p>-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--</p> <p>All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTO-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.</p>		
<p>1. <input type="checkbox"/> This communication is responsive to _____. </p> <p>2. <input checked="" type="checkbox"/> The allowed claim(s) is/are <u>1,3,4 and 6-10</u>. </p> <p>3. <input type="checkbox"/> Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). </p> <p>a) <input type="checkbox"/> All b) <input type="checkbox"/> Some* c) <input type="checkbox"/> None of the:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Certified copies of the priority documents have been received. 2. <input type="checkbox"/> Certified copies of the priority documents have been received in Application No. _____. 3. <input type="checkbox"/> Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)). <p>* Certified copies not received: _____. </p> <p>Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application. THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. </p> <p>4. <input type="checkbox"/> A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient. </p> <p>5. <input type="checkbox"/> CORRECTED DRAWINGS (as "replacement sheets") must be submitted. </p> <p>(a) <input type="checkbox"/> including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached 1) <input type="checkbox"/> hereto or 2) <input type="checkbox"/> to Paper No./Mail Date _____. </p> <p>(b) <input type="checkbox"/> including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date _____. </p> <p>Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d). </p> <p>6. <input type="checkbox"/> DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL. </p>		
<p>Attachment(s)</p> <p>1. <input type="checkbox"/> Notice of References Cited (PTO-892) 2. <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) 3. <input type="checkbox"/> Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date _____. 4. <input type="checkbox"/> Examiner's Comment Regarding Requirement for Deposit of Biological Material</p> <p>5. <input type="checkbox"/> Notice of Informal Patent Application 6. <input type="checkbox"/> Interview Summary (PTO-413), Paper No./Mail Date _____. 7. <input checked="" type="checkbox"/> Examiner's Amendment/Comment 8. <input type="checkbox"/> Examiner's Statement of Reasons for Allowance 9. <input type="checkbox"/> Other _____. </p>		